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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

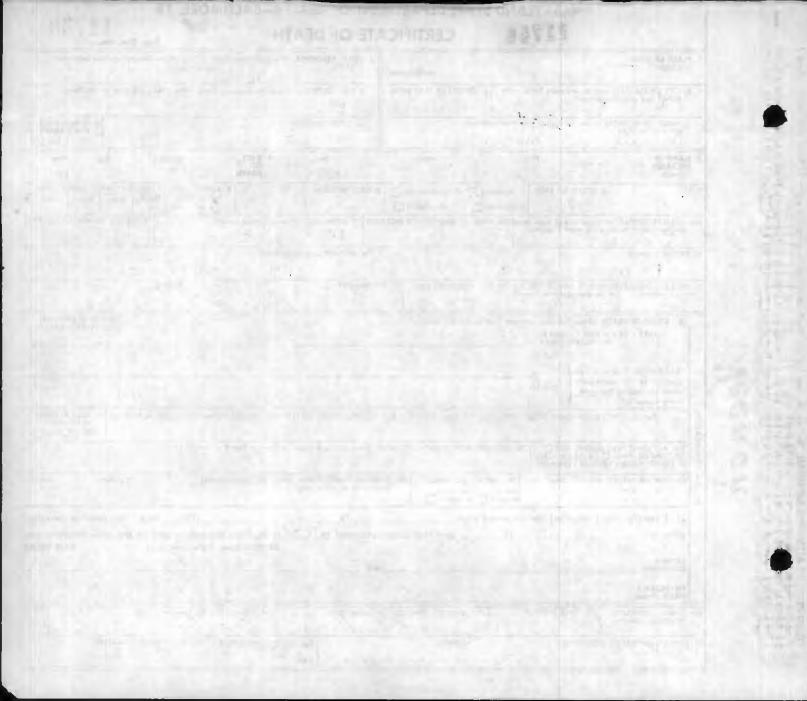
11744

CERTIFICATE OF DEATH

11738

			Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	MARYLAND		I. If institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate ti	mits, write RURAL and give negret lown)
RURAL and give reporest town)	Hweeles	40 Easton	
d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION		d. STREET ADDRESS	4. IS RESIDENCE ON A FARM? YES [] NO DO
3. NAME OF First	36.100		
(Type or print) Thoma	S J. Middle	Claggett 4. DATE OF DEATH	Oct. 20 1958
M	MARRIED NEVER MARRIED	Suly 4, 1890 9. AG	GE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. It birthday) Months Days Haurs Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DESTISTRY	JSTRY 13. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	11 - 4-
1 Jonkoe Cl	add. 611	Lalochd,	Mulle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (10, no, or unknown) (11, yes, give wer or dates of service)	16. SOCIAL SECURITY NO. 17.	- Mrs I Descell	Address
PART 1, DEATH (Enter only one couse p PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Aline for (a), (b), and (c).)	eric cercina	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. (b)			
PART II. OTHER SIGNIFICANT CONDITION 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part I ar Part II of	item 18.)
A Hour a.m.	Od. INJURY OCCURRED 20e. Plantile Not while work of work	LACE OF INJURY (Home, form, 201. (City or to actory, street, affice bldg., etc.)	wn) (County) (State)
21. I certify that I attended the dec	eased from and that death		, 19,that I last saw the deceased causes and an the date stated above
ACTUAL SIGNATURE OUTS		M.D. 2195, 1/25 (71)	1747017 St. 20043
PHYSICIAN'S AME (Type)	76/71774/1	E 24107 16	Maxyland.
22 BURIAY, CREMATION, 325. DATE THEREOF REMOVAL (Specify)	Hunds Ken	DR CREMATORY 22d. LOUSIN	(City tora or county) (Stotal)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS MALE	Alax Pare OCT 2 4 58	24b. REGISTRAR'S SIGNATURE Carthury S. Krans.

VS A15 (4) 15M 9/55



CERTIFICATE OF DEATH 11745 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) EASTOR e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 40005 YES NO P NAME OF 4. DATE First Middle Month Day Yeor OF DEATH DECEASED 6 (Type or print) 19 5 9. AGE (in years fost buthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys WIDOWED I DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life even if retired) mostic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WH KOW Y linkow n 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL SETWEEN 18. CAUSE OF DEATH [Enter only one couse per line Joh (o), (b), and (t). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (6) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES | NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m While Not while ot work of work 21. I cortify that I attended the deceased fram. that I last saw the deceased alive an and that death accurred M,/fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) SIGNATURE PHYSICIAN'S NAME (Type) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

filed-with 0/0 haurs after 2. within 24 camplelely popers. death. pup corbon ofter physician ottending requires that the á Bued 8 detachi Per DIRE 3 shauld FUNERAL I TO HOSPITAL -Bod 10 VS A15 (4) 15M 9/55

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11746 **CERTIFICATE OF DEATH**

Reg. Dist. No.

11741

						131. 110.
1. PLACE OF DEATH O. COUNTY 10/60	+	MARYLANG	2. USUAL RESIDENCE (a. STATE Mary		If institution: Reside	160 +
b. CITY OR TOWN (If outside RURAL and give neores) to	own)	LENGTH OF STAY IN THE	c. CITY OR TOWN !	ichaels	its, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (IF I	of in hospital, give street of	ospital	H. STREET ADDRESS	1 1- 0	+	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Nellie	Middle	Dukes	4. DATE OF DEATH	Month 10	27 1918
F	Uhite WIDOWED		B. DATE OF BIRTH	84 74	yes, Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Ginduring most of working life	e kind of work done 10b. KI even if retired)	ND OF BUSINESS OR IN	Ma	ryland	12. CI	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William	n Whil	<i>Б</i> у	14. MOTHER'S MAIDE	Blox 1	Ton.	
15. WAS DECEASED EVER IN U. (If yes, g	S. ARMED FORCES? 16. SC	9-20-8410	Herman	Dukes -	Address 57	Michaele Me
PART I. DEATH WA	nter only one couse per tina S CAUSED BY: DIATE CAUSE (o)	10 (0). (b). and (c).)	al Inf	4. cho	L	ONSET AND DEATH
Conditions, if any, what gove rise to immedi	ofe Dur TO	woneny	orders	in		
lying couse last.	NIFICANT CONDITIONS CO	MTERRITING TO DEATH &	HT NOT BELATED TO THE TE	Bulkiai Dissass Conir	NITIONI CIVENI IN BAI	TO WAS AUTORES
ICATIO						PERFORMED? YES NO
	USE OF DEATH !	IBE HOW INJURY OCCUI	RED. (Enter noture of injury	in Part I or Port II of it	em 16.)	
20c. TIME OF INJURY Mo Hour o. m. p. m.	While	URY OCCURRED 20e. Not while ot work	PLACE OF INJURY (Home, to toctory, street, office bldg.,	orm, 20f. (City or tow etc.)	n) ((County) (State)
21. I certify that I alive on	attended the deceased	Y	th accurred at 315	AM, fram the	causes and an	last saw the deceased the date stated above.
ACTUAL SIGNATURE	exply	iel.	MD 2195	ADDRESS (Street, cit	y or town, stofe)	SX STONES
PHYSICIAN'S NAME (Type)	C-149	muly	11 Fais)	1017/6,1	Mesylo	rol.
BRMOVAL (Specify)	429,1958	Dirit	emetery	st. mic	Raels	(Stote)
23. FUNERAL DIRECTOR'S SIGN	ATURE	ADDRESS //	A 240. R	EC'D BY REGISTRAR	24b. REGISTRAR'S SI	IGNATURE

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained. We haspital or attending physician.

TO FUNERAL DIRIL After this certificate has been signed by the attending physician and completely filled in by the real director. may be retained. The haspital or attending physician.

S FUNERAL DIRI.

1. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shi the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5S

MIND CHRISTONEOR DEATH the purpose of the pu The second secon A REAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE RESERVE THE PARTY AND ADDRESS OF THE PARTY.

11/9/	CERTIFICA	IE OF DEATH	Reg. D	list, No.
1. PLACE OF DEATH O. COUNTY TALBOT	MARYLAND	o. STATE	b. COUNTY	ence before admission) ALBOT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.	porote limits, write RURAL and	give negrest town)
d. NAME OF HOSPITAL (If not in hospito), give street or OR INSTITUTION	norial posp.	d. STREET ADDRESS Centreville	Road	on a farm? YES NO
3. NAME OF DECEASED (Type or print)	Middle of I	un kapi 4. DATE OF DEAT	H 10 =	22 19 58
5. SEX temple Wite WIDOWED	DIVORCED	1-622 1893	losybullday) Months	
10a. USÚAL ÓCCUPATION (Give kind of work done 10b. K during most of working life, eyen if fetired)	IND OF BUSINESS OR INDUST	Maryand	country) 12. C	U.S.A.
13. FATHER'S NAME JAMES A. Di	110N	14. MOTHER'S MAIDEN NAME	HARMO	N.
15. WAS DECEĂSED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. IN	Rep E. Dunlap	Pustral -	1142
18. CAUSE OF DEATH [Enter only one couse per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o). (b). and (c).)		/	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-	crowing?	Meonethe	ctcs	
lying couse lost. (c)	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PA	ART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port I or P	ort II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while fact	CE OF INJURY fHome, form, 20f. (Cory, street, office bldg., etc.)	lity or town)	(County) (State)
21. I certify that I attended the decease alive an	and that death	The same of the sa	om the causes and an (Street, city or town, stote)	I fost saw the decease the date stated above DATE SIGNE
SIGNATURE COLL FOR SUPPLY SIGNATURE (Type) F. C. H. SU	+ thirdt	Cartin	16, Mary	land.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL /0/25/5	SPRING HI	4 CEMENTER L	CATION (City, town, or county	mo.
23. FUNERAL DIRECTOR'S MGNATURE	ADDRESS Ear	240. RECO BY REG	7 58 246. REGISTRAR'S	SIGNATURE S. Thama

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR OF After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I and 2 shifted with the registrar prior to burial, cremation, or removal, and in any event within 72 hars death.

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VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH TOTAL PROPERTY OF THE PARTY OF and the second state of the second se

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the hospital or attending physician and completely fitted in by the peat of the peat 3 shauld be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. N L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11748 CERTIFICATE OF DEATH	11743 Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY ALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution of STATE Maryland b. COUNTY)	
b. CITY OR TOWN (If outside carporate limits, write c, LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tayon A has 30 mm. Chester	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AS ON MEMORIAL HELP. d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) LAWRENCE Theodore FORD DEATH	- 100 mar
5. SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost ethicle) WIDOWED DIVORCED 5. SEX 7. SS 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. Specific 2 - 53 9. AGE (In years lost ethicle) 1. AGE (In ye	
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPUCF (State or fareign country) during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY?
Aurence Theodore Ford SR. Carl Quillon	0
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (6. SOCIAL SECURITY NO. 17. INFORMANT (18 no. or unknown) (18 yes, give wor or dotes at service) THE LEWEBURG D. FLARE Son, C.	hister Maryland
18. CAUSE OF DEATH [Enter only one cause per bill for (a), jb), and (b).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (c)	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Nat while at work at wark	(Cauniy) (State)
Matta Mit	military lary lary
220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR, CREMATORY 22d, OCCATION (City, town, DEMOVAL (Specify) Oct 15-1958 Chistrefield Children	le Maryland -
The state of the s	thur S. Kraus
Then close	

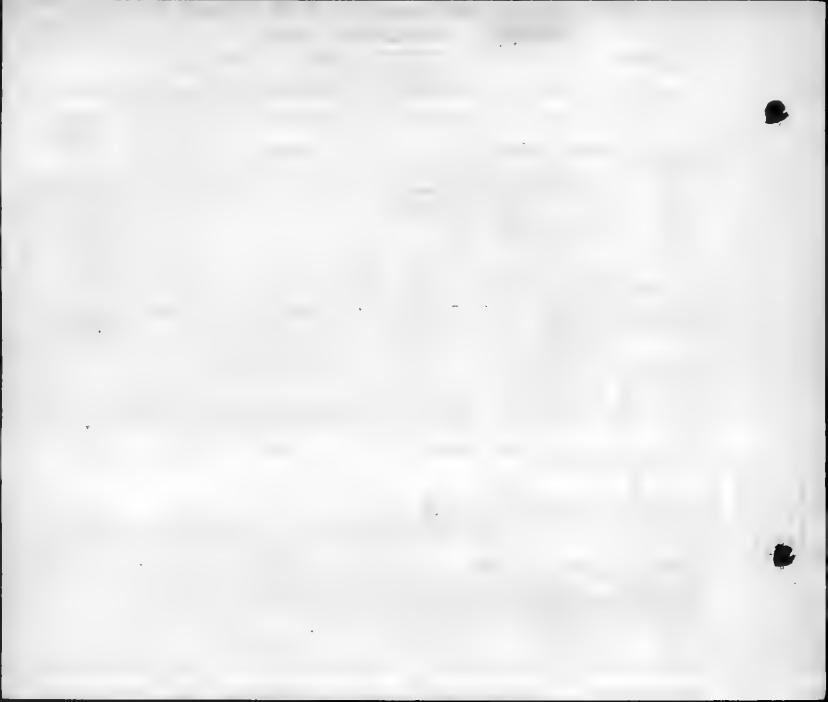
THE RESIDENCE OF THE PERSON OF The second of th management of the contract of LONG I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11744

				Reg.	Dist. No.
	LACE OF DEATH		2 USUAL RESIDENCE (Whe	ere deceased lived. If institutions Resi	dence before admission)
٥	COUNTY Talk of	MARYLAND	o. STATE Marcula	b. COUNTY	the there are a
ŧ	CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	ulside corporate limits, write RURAL a	nd give nearest town)
	RURAL and give nearest town)	Hda.	R.14	•	* 1 1
	L UST 8 M	40045	d STREET ADDRESS	nore	e. IS RESIDENCE
	OR INSTITUTION	L. /	11 - 2 -	1 72 /	ON A FARM?
a	MEMORIAL HOSPI	[7]	416 000	24 don 110ad	YES NO 8
3. 1	NAME OF First PECEASED	Middle	Lost	4. DATE Month	Day Year
	Type or print) /tarry	C . (Formley	DEATH October	25 1958
5. S	EX 6. COLOR OR RACE 7 MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
	M WIDOWE	D DIVORCED	December 2	9,1907 lost birthday) Month	hs Doys Hours Min
10a	USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote &	or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	during most of working life even if retired)		1112	- 1	1180
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AMF	U 3/7.
	1/ P ^	1 .	1311	T. W	
	Harry D. Gorm	ELI	HORMANT	e venkins	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 : no, or unknown) (If yes, give wor or doles of service)	SOCIAL SECURITY NO. 17 II	NFURMANI	Address	
	2/7.5	-09-7540 M	rs. Elizabe	th M. Yormley,	same
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]	1 -1 1	`	INTERVAL RETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Musicalla	wife was	K	3 Lden
	II TO DUE TO	1 . 1	21,		
	Condition if any which !	allinoca	until Con	on one	
	gove rise to immediate DUE TO				
	lying couse lost.	There was	en e		
z	PAIT II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMIN	NAL DESASS CONDITIONS CIVEN IN	BART 11-1 10 MAC AUTOMON
2	PAR II. OTHER SIGNIFICANT CONDITIONS C	ONINBUTING TO DEATH BUT	NOT RECATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN	BERFORMED?
ŏ					YES NO 🗆
CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort E or Parl It of item 18)	-
	20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f (City or Jown)	(County) (Stole)
MEDICAL	Hour o.m. While	Not while for	tory, street, office bldg , etc.	1	(count)
2	p. m. 17 of work	of work	3/		
	21. I certify that Lattended the decease		, 19 <u>_ 57</u> , to <u>2</u>	19 2 that	I last saw the decease
	alive an 25 237 195	and that death	accurred at 12	PM, fram the causes and or	n the date stated above
	11.		No.	ADDRESS (Street, sity or lown, stote)	DATE SIGNE
	SIGNATURE & Killer; New Ky	Ger A	MD Che	fin homes lawn	de sidely
	V				
	PHYSICIAN'S PHUR STOR	MAR 12.50	15		
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or count	(Stote)
-	10/29/58	Holy Redee	mer (em.	Baltimore, 1	Maryland
23,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 6	240. REC'C	D BY REGISTRAR'S	SIGNATURE
1	Haurie C. Hewrea	word Ca	SLOW/KOATE C	OCT 2 8 '58 7 -1"	47 . P KOUA
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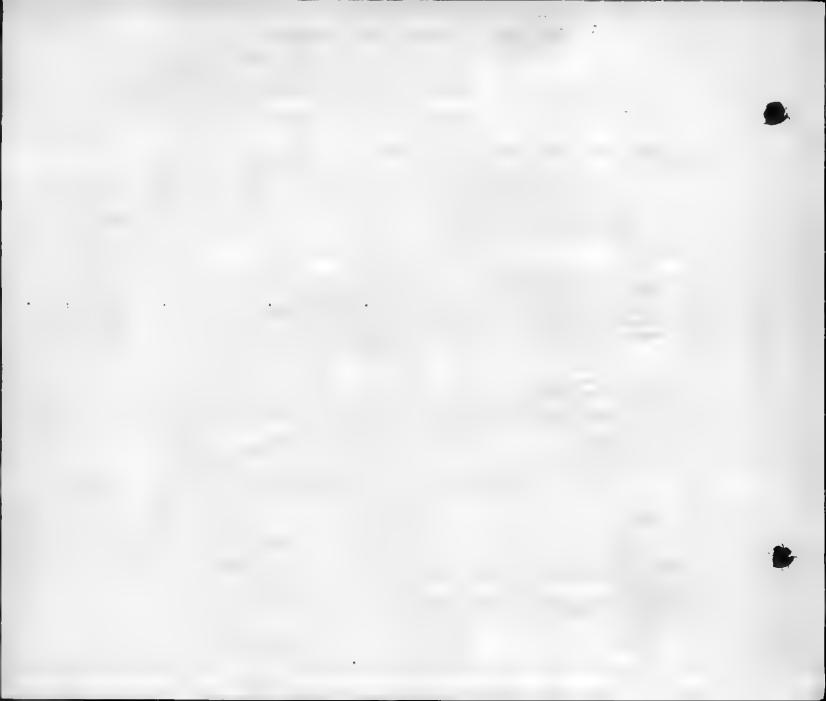
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11766 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Talbot Talbot MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) rural-Longwoods vear ruwal- Longwoods d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS YES A NO Heights Plantation wye Heights Plantation NAME OF Middle 4. DATE Day Year DECEASED Washington 3] George Greenwood DEATH October (Type or print) 19 5 SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years logs Inrihdoy) White March 10. 1875 Months Days Male WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer Farming USA Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Greenwood unknown 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Mrs. Georgia A. Greenwood, Longwoods, Md. no none UKN. 18. CAUSE OF DEATH [Enter only one cause per tipe for (o), (b), and (c).] INTERVAL BETWEEN, ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? 0 YES 🔲 NO P 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II of item 18) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f, (City or town) 20c TIME OF INJURY Day, Year 20d INJURY OCCURRED (Stole) (County) factory, street, office bldg., etc.) a. m. Not while at work of work 1950 that I lost sow the deceased 21. I certify that I attended the deceased from (, and that death accurred at La 3CAM, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Ruria. Spring Hill Cemetery Easton, Maryland **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR (1 my 8. Trava Easton. Md.



Peg. Dist. No.

					Keg. D	Br, 140.
1. PLACE OF DEATH a. COUNTY Talbot		" MARYLAND	2. USUAL RESIDENCE	(Where deceased lived	COUNTY A	11
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	prate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	and the same of th	give nearest town]
Euston.		90045	Gya	sonville	11.	* .
d. NAME OF HOSPITAL (If not in h OR INSTITUTION	11 34	ess) /	d. STREET ADDRES	S		IS RESIDENCE ON A FARM? YES NO P
3 NAME OF	First	Middle	, lost	4. DATE	Month	Day Year
(Type or print) Fran	K	T /h	ddawnu	DEATH DE	teber	21 1958
5. SEX 6. COLOR O	R RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AG		1 YEAR IF UNDER 24 HRS
MW	WIDOWED	,	June 15	1890 6	gran, Months	Days Hours Min,
10a. USUAL OCCUPATION (Give kind during most of working life, even	if retired) (O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tate or fareign cauntry)	12. CI	TIZEN OF WHAT COUNTRY
Water man			Mary	19nd		45A
13. FATHER'S NAME	,		14 MOTHER'S MAID	EN NAME		
15. WAS DECEASED EVER IN U. S. ARI	LQWAY MED FORCES? 14 SOC	141 (550)	Ja//4	Hallings	Address	
Yes, no. or unknown (if yes, give wer o	r doles of service)	4	MORMANI	11		. //
In Caller Or Drawn Is			tidne /ta	dd acrein	- 6-Ya	
18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAU IMMEDIATE	SED BY:	lectartation	Cartes. oza	a of learn		ONSET AND DEATH
**	DUE TO		1	il		
Canditions, if ony, which	(b)	Burelos	sete aut	ca pour -		
gave rise to immediate couse (a), stating the under-	DUE TO	, /				
lying cause last	(c)					
PART 11. OTHER SIGNIFICATION 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING URBERT MEDICAL EXA	INT CONDITIONS CONT	FRIBUTING TO DEATH BUT	NOT RELATED TO THE TO	ERMINAL DISEASE CON	DITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	G C 20b. DESCRIBI	E HOW INJURY OCCURRE	D. (Enter nature of injur)	n Part I or Part II of i	tem 18)	
20c TIME OF INJURY Month, I	Pay, Year 20d. INJUR While of work	Not while fo	ACE OF INJURY (Home, ctory, street, effice bldg.,		(n)	County) (Stole)
21. I certify that I attend	led the deceased t	from 1 3017	. 19 D ta	21 Let	1928 that I	last saw the deceased
alive on 10/2//		, and that death				he date stated abave
	1 (1	-,-,		ADDRESS (Street, c		DATE SIGNE
SIGNATURE 1/4	cope. Her	e per	M.D	(dother	Kerry Con	2 2160/2
PHYSICIAN'S THU	RSTON 7	LARRISON	E	Aston	M_A_Y	LANd
Bremoval (Specify) 24//	E THEREOF 22	CTENTREW	R CREMATORY	22d LOCATION (RIEVILLE	(State)
23. EUNERAL DIRECTOR'S SIGNATURE	Churc	ADDRESS LALL	Indi DATE	OCT 2 9 58	24b. REGISTRAR'S SI	S. Kraus

may be retained. At the haspital or attending physician.

TO FUNERAL DIK

R: After this certificate has been signed by the attending physician and campletely filled in my the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ships registrar prior to burial, crematian, ar remaval, and in any event within 72 hours, after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

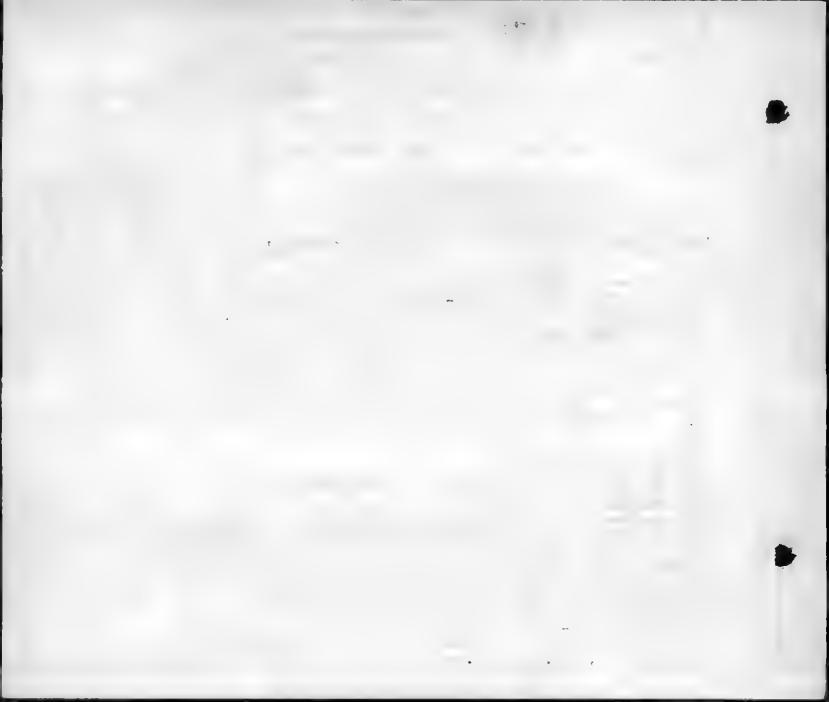
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VS A15 [4] 15M 9/55 M

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
11751	CERTIFICATE OF DEATH	

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		weg, oldi, ite.
,	1. PLACE OF DEATH OF COUNTY TALBUT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Manylor b. COUNTY TALBOT
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN TERMINAL and give nearest town) ASTOW 3 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON MA
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTON Memorial Hospital	d STREET ADDRESS (2 10 Willis Ave. 1. 12 10 Willis Ave. 1. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Charles W	Herfirth DEATH Of 1958
1	5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	aucy 4 1904 Soft prindoy) Months Days Hours Min.
/	100 USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) Excelsir Pear Clerk	
	13. FATHER'S NAME Charles E, Herfurth.	14. MOTHER'S MAIDEN NAME ANNIC LOPENZE
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no or unknown) [If yes, give wor or dote of wernice] 213-03-7361	Marquerite Herfurth wile 210 wiles less, Enti
	18. CAUSE OF DEATH [Enter only one couse per lim(for (g), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under-lying couse last. (b) DUE TO Levillia	of loain INTERVAL BETWEEN PRODUCTION ON SET AND DEATH I relited
)	CCATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		RRED. (Enter nature of injury in Part I or Part II of item 18)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm. 20f (City or tawn) (County) (State) foctory, street, affice bldg, etc.)
	21. I certify that lattended the deceased from a dive on a dive on actual SIGNATURE	oth occurred of BA, M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. JJS WASTITATIONS J JHOUSE
	PHYSICIAN'S E. C.H. Schmidt	Capter 16, Maryland
	22c NAME OF CEMETERY BURIAL (Specify) 10-17-58 Baltimor	Y OR CREMATORY 22d LOCATION (City, town, or county) (Slote) The Cemetery Baltimore
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	William Cook, Inc. 1217 St. Paul Str	eet DATE OCT 2 0'58 Ciriling S. Hare



death. Page

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VS A15 (4)

15M 9/55

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HEALTH DEPT

files Health,

PLACE OF DEATH

COUNTY

3. NAME OF

5. SEX

DECEASED

(Type or print)

13. FATHER'S-NAME.

cause fast

EXAMINIER'S

NAME (Type)

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VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 AEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR IOWN It outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (libroutside corporate limits, write RURAL and give nearest town) and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESID ICE d STREET ADDRESS ON A FARM. YES NO IN Middle 4. DATE Lost Month Year OF DEATH 1958 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS foot birthday] Months Hours WIDOWED [DIVORCED yrs 10a. USUAL OCCUPATION (Give kind of work done) 10b. K ND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 21/2 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (c), stoting the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO D 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or lawn) (County) (Stote) Not while factory, street, office bldg , etc) at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X. Inquiry X and in my

200 EXTERNAL CAUSE WAS PRIMARY SE OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY

Suicide . Homicide . . Undetermined monner

opinion death resulted from: Notural causes | | Accident X

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE_ M.D.

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

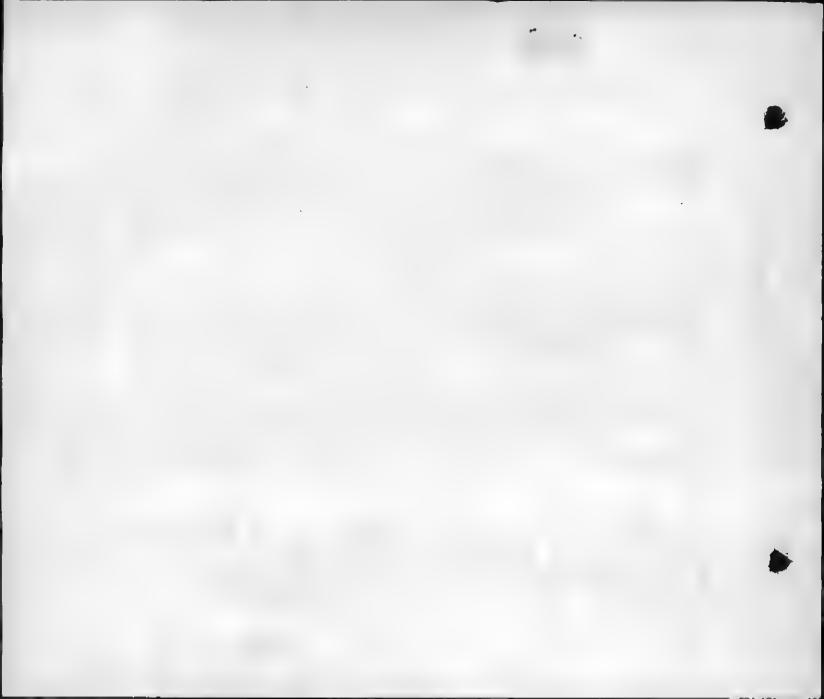
(Stote)

DATE SIGNED

22D, BURIAL, CREMATION, 226 DATE THEREOF 27d LOCATION (City, town, or county) **ADDRESS** 240 REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

DATECT g '58



1 -1			MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE,	18
D	>		11754 CERTIFICAT	TE OF DEATH	Reg. Dist. No.11751
director director)	1, P	MACE OF DEATH COUNTY AND 2.	a. STATE MAYY And b. COUNTY	
death		Ь	C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (Ill butside carporate limits, write	RURAL and give nearest town)
by the	•	d	d. NAME OF HOSPITAL (If not in hospyol, give street address) OR INSTITUTION EAST AUC	326 East AUC	IS RESIDENCE ON A FARM? YES NO
24 havilled in		D	NAME OF DECEASED (Type or Print) ANALY Elizabeth Middle (Type or Print)	OF OF	Day Year 1958
d within letely fi		5 5	6. COLOR OR RACE 7 MARRIED DEVER MARRIED 8. E	DATE OF BIRTHING P. 10, 18 SAGE (In years Sage (In years Sage (In))	
executed and comp n paper death.		10o.	USUAL OCCUPATION (Give kind of work done done 106 KIND OF BUSINESS OPINDUSTRY Demos of working life, even if retired)	11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRYS
cion on s after	-	13. f		Marx BURR	LS
certific ng physi remov 72 hour		900		rs. Sarah Webb	EASTAN MC
hat the death by the attendio . Then please			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO	Physmisors	INTERVAL BETWEEN ONSET AND DEATH - 2 (LILLY)
requires I ian signed I nsit permit		-	Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. (b) DUE TO		
he law physic nos bee riol-tra noval,	0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION G	PERFORMED? YES NO
ian: I			206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Port II of item 18.)	
PHYSIC of or of this cert r use os emotion		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE While Not while factory p.m. 19 at work of work	E OF INJURY (Home, form, 20f. (City or tawn) ry, street, office bldg , etc.)	(County) (State)
TENDING The hospitals: Attention and according to buriol, or			21. I certify that I attended the deceased from D 28 alive on 10.75 and that death or	ccurred at 1 A M, from the causes ADDRESS (Street, city or town	and an the date stated above
SPITAL OR A Se retained SERAL DIRE 3 should be- gistror prior	1		PHYSICIAN'S NAME (Type)	>	
HOY TO BE SEE TO BE TO B		220	REMOVAL (Spenity) 226 DATE THEREOF REMOVAL (Spenity) 31/58 RIG DAYO	S Cem EASTG	ar caunty) (State)
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	•*** 66 ·	CERTIFICATE OF	F DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY A bot	MARYLAND 2, USUAL o STAT		If institution: Residence before admission) COUNTY A 1 6 0 7
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	3 Co. X	OF TOWN (H obvide corporate limit	ts, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MR. W. C. P. H	/ Hospital d. STRE	EET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO 1
	3. NAME OF DECEASED (Type or print) PEORGE /	V. Middle Joh	Lost 4. DATE OF DEATH	Month Day Yeor 10 5 19 58
	5 SEX 6. COLOR OR RACE 7 MARRIED [] N	DIVORCED A DATE OF	10.2 1888 9. AGE lost b	(In years IF UNDER 1 YEAR IF UNDER 24 HR5 hrthday) Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF during most of working life, even if retired) WATERMAN	4	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
)	13 FATHER'S NAME WILLIAM L JOHNSON	14 MOTH	er's maipen NAME	lahan
	15 WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S. (Yes, no. of unknown) [If yes, give wor or dates of service] 2 1 4 -3	SECURITY NO 17. INFORMANT	Elara P. Joh	nson neavet, he
	18. CAUSE OF DEATH [Enter only one couse per line for (o) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost. (c)	(b) ord (c) I / h	Calleria L	INTERVAL BETWEEN ONSET AND DEATH The state of the state
	PANT 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI		ED TO THE TERMINAL DISEASE CONDI	PERFORMED? YES NO T
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY O	CCURRED 20e. PLACE OF INJU	JRY (Home, farm, office bldg., etc.)	(County) (State)
1	21. I certify that I attended the deceased from	and that death occurred	1.19	tauses and an the date stated above. Output DATE SIGNED
	REMOVAL (Specify) (Oct 7 1958 V	AME OF CEMETERY OF CREMATO	retin lean	it Ind
	23 FUNERAL DIRECTOR'S SIGNATURE AD	et michael	260 REC'D BY REGISTRAR 8	246 REGISTRAR'S SIGNATURE 158 CARTLAND & KRANA



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

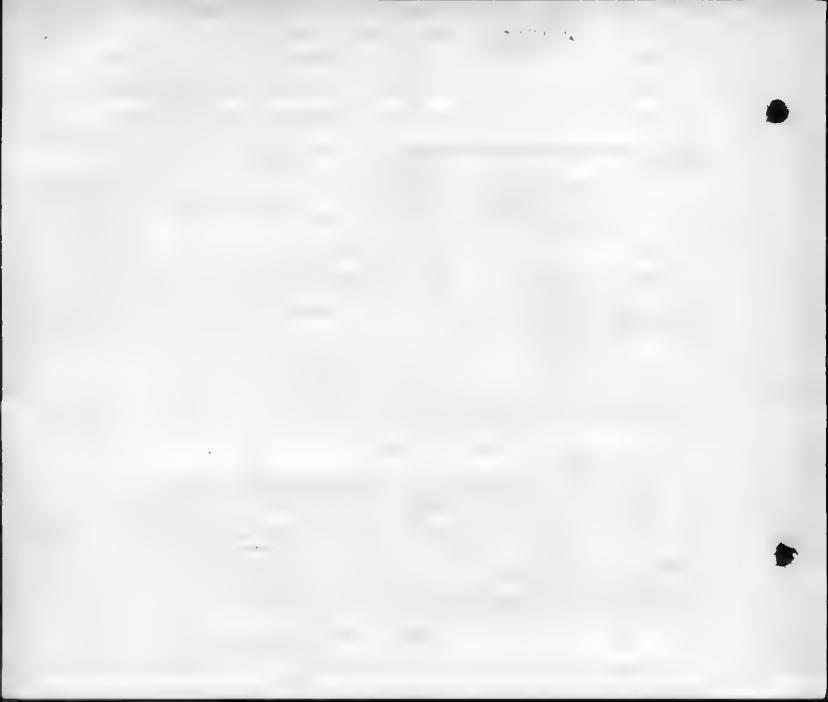


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		TO FUNERAL DIRE. R. After this certificate has been signed by the attending physician and completely filled in by the	page 3 shauld be vetoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 share the with	the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.
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VS A15 (4) 15M 9/55

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ıl	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY							
1	TALBOT	MARYLAND	MD.	B. CC	ZUEEN	HNNE			
ı	b. CITY OR TOWN (If outside corporale limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporale limits, write RURAL and give RURAL and give					nearest town)			
ı	ERSTON MD.	46 DAYS	LUEEN T	WNE	174 :				
ı	d NAME OF HOSPITAL (If not in haspital, give street a	HOSPITAL	d. STREET ADDRESS			IS RESIDENCE ON A FARM?			
ļ	EASTON MEMORIAL				YES NO 🖸				
ł	3. NAME OF BIRT	Middle	lost	4. DATE OF DEATH	Month	Day Year			
I	(Type or print) MRS, EDNA		MEREKK	1	CTOBER	2 1938			
ŀ		IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birth	adoy) Manths Doy				
ŀ	FEMALE WHILE WIDOWED DIVORCED HOGOS / 7, 70 75.								
V	dyring most of warking life, even if retired)								
J	Nouse Reper 4-2	W. Line	114. MOTHER'S MAIDEN N	VANIA		1.3.			
IM									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.									
	(Yas no or unknown) (If yes, give wor or dates of service)	(São	En						
ı	18. CAUSE OF DEATH [Enter only one couse per lin	e for (e), (b), and (c).]	0 1/2		15	NTERVAL BETWEEN			
ı	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Cerekial a	the wide elect	zei		DINSET AND DEATH			
1	334X DUE TO								
	Canditions, If any, which) (b)								
	gove rise to immediate couse (a), stating the under-								
	lying couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS C CALAMARY BL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH		NOT RELATED TO THE TERMIN	NAL DISEASE CONDITIC	ON GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED?			
ı	S Carriery and			YES NO N					
ı	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18)								
ı	9	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(Coun	nty) (State)			
ı	Hour e.m. While of work								
ı	21. I certify that I attended the decease	ed from /Self	19 75 10	5 let 1	9 25 that I last	saw the deceased			
ı	alive an 400 195		date stated above.						
	1 1 51	lown, state)	DATE SIGNED						
l	SIGNATURE / Men I'm Vifacu	a Kenn	м в.	delan Ke	ay land	4001.8			
	PHYSICIAN'S THURSTEN HARRISON								
	220 BURIAL DEMATION. 22b. DATE THEREOF	22c. HANE OF CEMETERY C	OR CREMATORY	22d. LOCATION (City	lown or county)	(State)			
	23. FUNERAL DIRECTOR'S SIGNATURE	Applesed)	TCU	asi	DECISEDADES CICALE	11105			
	MIT (Flah	Conto	240. REC'I	DAY REGISTRAR 246	REGISTRAR'S SIGNA				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11758 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Tal bot a COUNTY Filed Talbot MARYLAND Marvland b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give seprest lewell vrs Easton d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Oak Avenue E. Oak Avenue 4. DATE NAME OF First Middle lost Month DECEASED OF DEATH Louis C. F. Miller 20 (Type or print) October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH lost birthday) White Male Nov. 14.1887 WIDOWED DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? during ground of working life. every retired) Religon New York USA g g F 00 afte of 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Louis W. Miller Pauline 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres Oak Ave. Mrs. Harry F. Jones, Easton. no none none Mary land 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE [0] DUE TO allees schootic be ple of atte Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stoling the underlying cause last. PAIR II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY YES NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20e. PLACE OF INJURY IHome, form, 20f. [City or town] 20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour a.m. Not while at work at wark 2004 21. I certify that I attended the deceased from , and that death occurred at M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Meny Land PHYSICIAN'S ARRISON

FUNERAL DIR 0

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NAME (Type)

220 BURIAL CREMATION, 226, DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

10/24/58

Easton, Md.

Prospect Lawn Cemetery

22c. NAME OF CEMETERY OR CREMATORY

Hamburg, New York 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR C. I'm & House

22d LOCATION (City, town, or county)

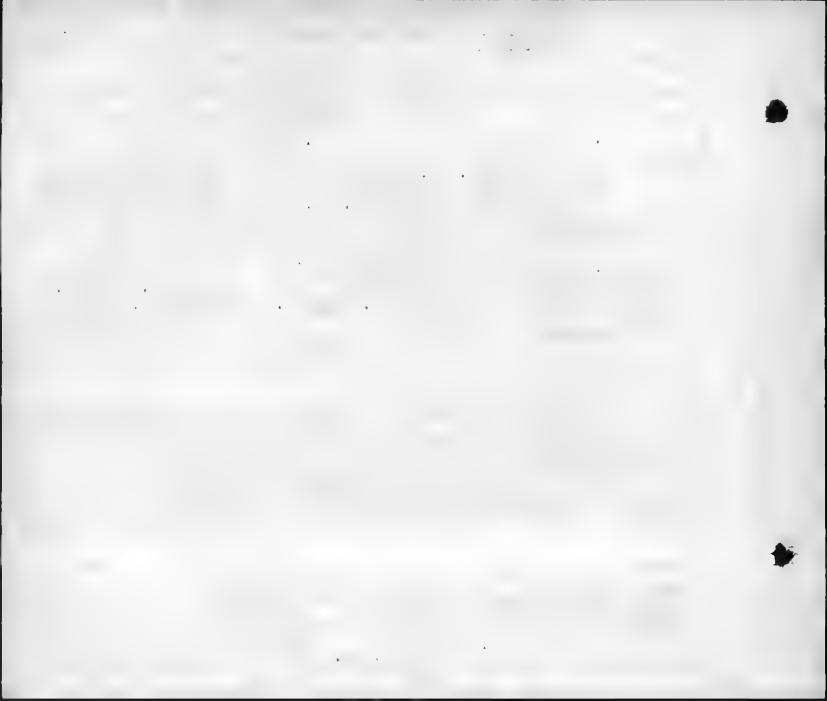
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Hours

INTERVAL BETWEEN ONSET AND DEATH

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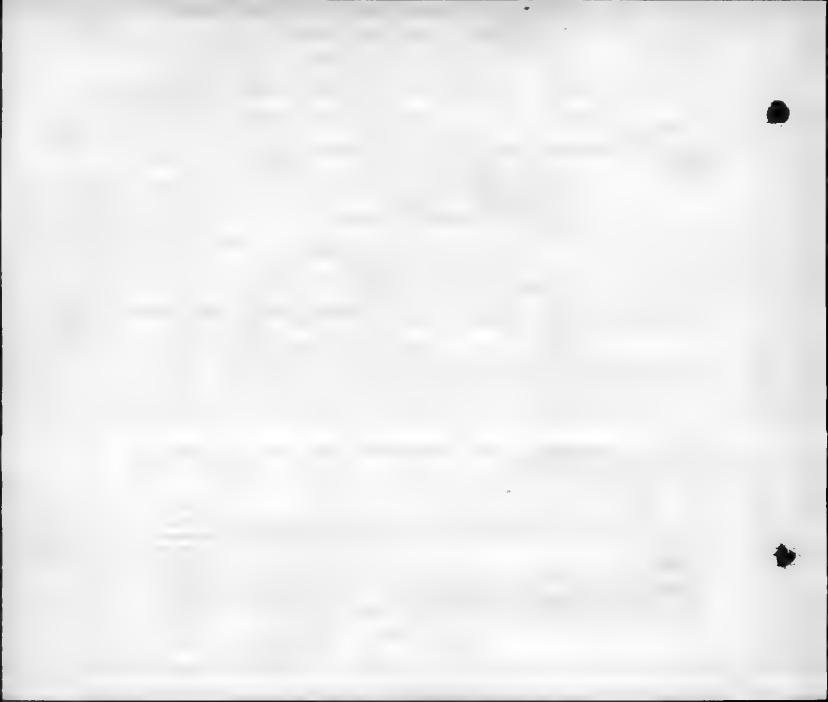
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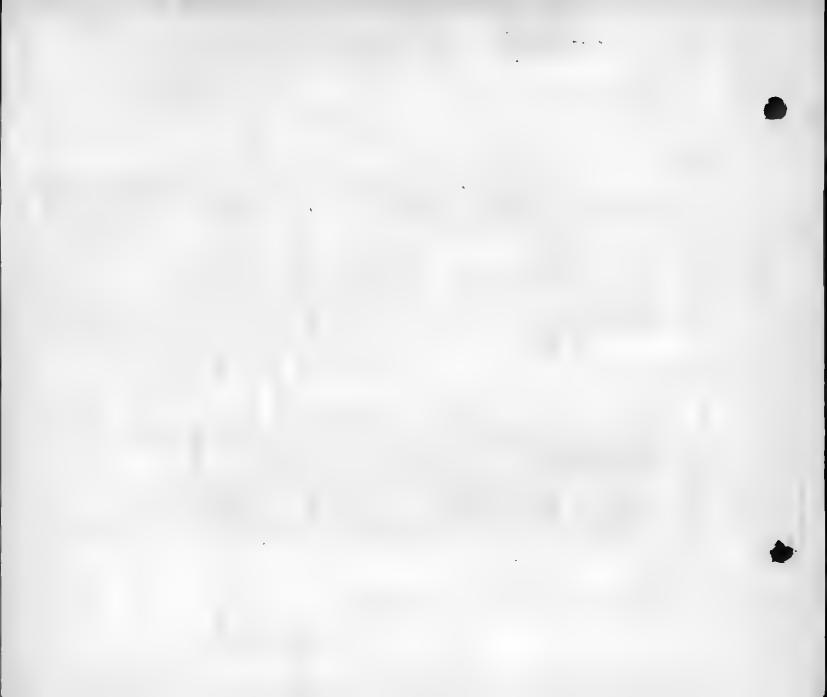
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15M 9/55



CERTIFICATE OF DEATH 11760 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE YES NO NAME OF First Middle 4. DATE Lost . Month Day DECEASED (Type or print) Dearsk DEATH 19.5 6. COLOR OR RACE 7 MARRIED THEYER MARRIED 9. AGE (In years lost birthdoy) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF SIRTH Months Days Hours WIDOWED | DIVORCED T popers. 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter physician TS WAS DECEASED EVER IN U. S. ARMED FORCES? To SOCIAL SECURITY NO 17. INFORMANT Address ww 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10119. WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (Cily or lown) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour om. at work O of work 21. I certify the deceased from ______ 19____that I last saw the deceased and that death occurred at 7.26 P. M. from the causes and on the date stated above. alive on ACTUAL SIGNATURE DIRE should PHYSICIAN'S NAME (Type) 220 AURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BEMOVAL (Specify) Oxford Cemetery Oxford, Maryland FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 1 . Thur S. Trans DATE DET 1 6 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

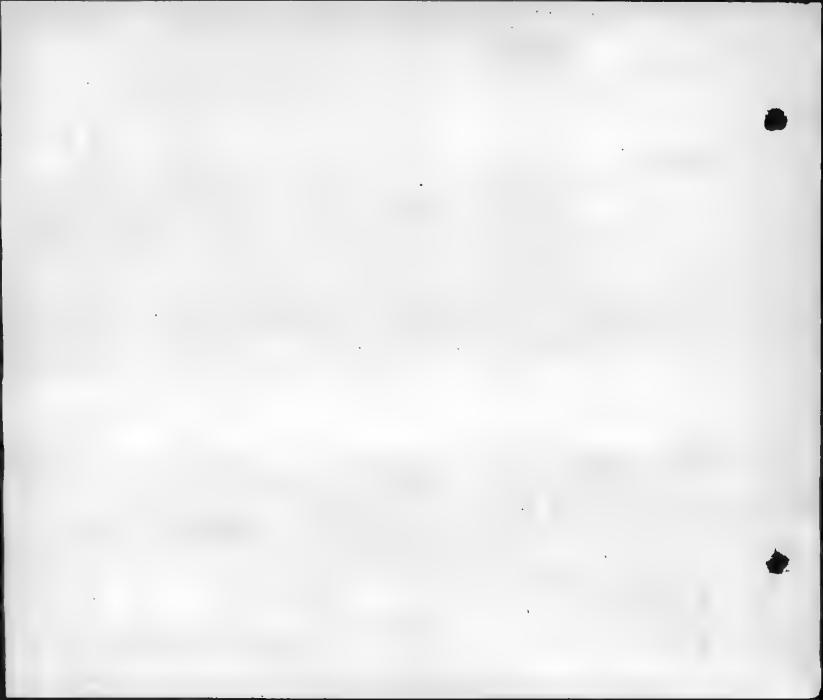


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REDICA	cert	fo	Dia	nated c
N ALL	Je the	uld be	VERAL	design
C TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary please	execute the cert and a writing the word "pending" in pending" in pending 18. Give Pages 1, 2, and 3 to the funeral director. Page	4 she	TO FUNERAL DIACTOR: Page 3 should be used am a burial-transit germit. File pages 1 and 2 with the State Boo Thealth,	or its designated agent, prior to buriat, cramation, ar removel, and in any avent within 72 hours after death.
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	T.A	MARYLAND	STATE DEPARTME	INT OF HEALTH	-BALTIMORE, 18	11758
	ΤŢ	em 21 Film 235 MEDICA	L EXAMINER'S	CERTIFICATI	E OF DEATH	TT 100
		11761	w %		Re	g. Dist. No.
		LACE OF DEATH		2. USUAL RESIDENCE (WH		Residence before admission)
		Tallot	MARYLAND	o. STATE MAKE	estand 6 COUNTY	arolend
	Ь	CITY OR TOWN (If outside corporate limits, write RURA, and give recrest town)	c. LENGTH OF STAY IN 16	C CITY OR TOWN III	Uside corporate I mits, write RURA	L and give nearest fown)
		Enstand	6 days.		runatoro	×
	d	NAME OF HOSP TAL OR INSTITUTION SIT not in he	ospital, give street address)	d STREET ADDRESS		Te s PE DENCE
		minerial Hospita	-0		Mone	YES NO IZ
	3 P	IAME OF First	Middle	Lost 14	I. DATE Month	Day Year
		Type or print)	M.	(D)	OF DEATH /O	17 1958
	5. 5	CALOLON .	TED NEVER MARRIED 3	DATE OF RIGHT		NDER TYEAR IF UNDER 24 HES
		M 20 WIDOW		6/16/1000	last britiday) Man	
	100	USUAL OCCUPATION (Give kind of work done 10b		RY 11. BIRTHPLACE (State o	locaion country	CITIZEN OF WHAT COUNTRY?
	d	uring most of working life, even if retired)	20	m		7 6 1
1	,	FATHER'S NAME	71074	1116	ryleda !	W.OH-
Α	13,	m. 1 11 (2)	14. MOTHER'S MAIDEN NA	11 +1 1 -1	3
	16	WAS DECEASED EVER IN U. S ARMED FORCES? 116	oy-	Mary V	Justin Buller	
		no, as unknown) (if yes, give wor or doles of service)	00 7000	IFORMANT /	Address	
		No 22		Bertha Roy	Greensboro,	Laryland
		18. CAUSE OF DEATH (Enter only one couse per line	lor (o), (b), and (c).]	7		ONSIT AND DEATH
		PART I. DEATH WAS CAUSED BY:	inter al	ule		gasy.
		The state of the s	00 -01	01	- 1 .	P. A.
		Conditions, if ony, which) (b) I	n Shot W.	1260ph. 406	16chomus	(alsoy)
		gave rise to immediate course (a), stating the underlying DUE TO				
		couse last. (c)			bristone understorme design i ac	
	8	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CATION					YES NO
	CERTIFI	20g. EXTERMAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	BE HOW INJURY OCCURRED (E	nter nature of injury in Part l	or Part II of Hem 18)	
	MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e PLA	E OF INJURY (Home, larm,	20f (City or town)	(Caunty) (Stote)
	NED.		rork of work	The C	Therestord !	land of Mile
		21. I certify that I took charge of the		ve, held an Autopsy'	(), Inspection In	quiry , and 'n my
		opinion death resulted from: Natural			omicide X, Undetermin	
		å			othere pay, onderenting	ed monner [
		ACTUAL LUTING DIE 1	DOUBL -	CHIEF MEDICAL EXA	MINER [7]	DATE SIGNED
		SIGNATURE ASSECTION LA	المارية	_M.D. ASSISTANT MEDICAL	E-planty	2 10 10 10 100 10
2		EXAMINER'S TO LACO O.O.O.	maril C	DEPUTY MEDICAL EX		10-18-57
	22g	BURIAL CREMATION 1226, DATE THEREOF	122c. NAME OF CEMETERY OR		22d LOCATION (City, town, or cou	-1-1-1 (E.1-1-1)
		REMOVAL (Specify) 10/20/50	Calant	Curitility Cut	n . \square	(Stole)
	21 6	NUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 9500	IL PORT A TERMAN	SSIGNATURE
	3	FEB. D. W.	10000	DATE OCT		2 NORWINE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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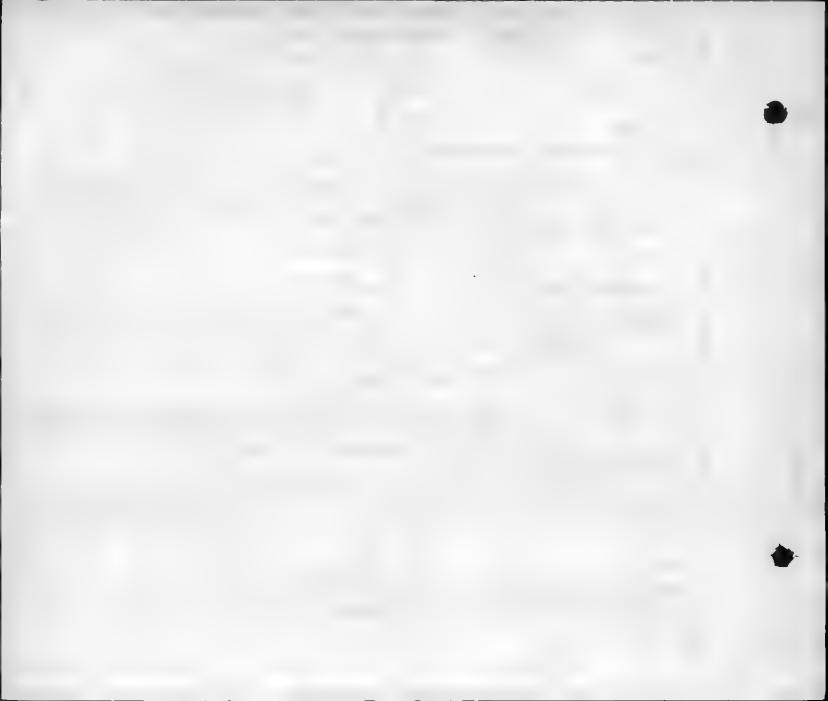
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OR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, Dist No.
ALTH DEPT.	1. P	ACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived It institution R	a della mana
重大人	C	COUNTY 17-160T MARYLAND STATE 1/17-124/4705. COUNTY	1 Hilfor
	Ь	CITY OR TOWN (11 outside corporate limits, write RURAL and give regretations)	and give nearest town)
TOV		NAME OF HOSPITAL OR INSTITUTION (If not in hospite, give street address) d STREET ADDRESS	e. IS RESID NOF
91	0	NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	YES NO
0 0 0 t	3, 1	AME OF First Middle Last 4 DATE Month	Day Year
is of a	- (FCEASED TO DEIDE THOMAS DEATH 10	5 1957
50	5. S	6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (a year) IFUN Month of birthdoy) Month of birthdoy)	DER TYFAR IF UNDER 24 HP
No tr	10	7 CU1. WIDOWED DIVORCED 17414 2 1,1938 415 2	
72	d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BERTHPLACE (Side of foreign country) 12 pring most of working life, even if refired)	115 A
	13.	FATHER'S NAME // IA MOTHER'S MAIDEN NAME //	Of
		FAMES DRUMM ell NEREUTTO	mas _
5	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT	
60 E	1		Tanina tanin
70		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Laryngo-tracheo-bronchitia	INTERVAL BETWEE F
ol, o		501 X Due to	
5		Conditions, if ony, which [b]	
5		gove rise to immediate couse [0], stating the underlying DUE TO	
	7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	BART MANUEL AND AUTORS
	ATTON	PART II, OTHER SIGNATIONAL COMMITTIONS CONTINUED TO DESCRIPTION TO RECEIVE TO THE SEARCH ACCUSANCE COMMITTED TO	PERFORMED?
	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18) CAUSE OF DEATH.	
	Ξ.		
	WEDYCAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Not while	(County) (State)
	W	p. m. 19 of work of the company described above held an Automy of the company described above held an Automy of the company of the company described above held an Automy of the company o	
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Incominion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermine	quiry [], and in my
0 0			
e d		SIGNATURE MD CHIEF MEDICAL EXAMINER []	DATE SIGNED
1010		EXAMINER'S ASSISTANT MEDICAL EXAMINER	10-6-12
0 0	22	MAME (Type) DEPUTY MEDICAL EXAMINER-	The second secon
75	220	REMOVAL (Specify)	(Slote)
0	23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAN 246 REGISTRAN	rd
E	3	City B. X. a h. C & Co. Ci., D. C. DATEOCT 1: 38 Cither	2. Thank
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	77.	03	CERTII	ICAII	OI DEAT	• •		Reg. D	ist. No.		
1. PLACE OF DEATH 0. COUNTY TO	lbot		MARYL	11	USUAL RESIDENCE (M		ed lived. If instituti b. COUNTY			re admis	sion)
RURAL and give a	If outside corporate limi parest (own) AS CON	ls, write	6 yrs	N IP	c. city or town (if	- Eas		URAL and	give nea	rest fow	n)
d. NAME OF HOSPI OR INSTITUTION	Mill Cre	ek#	rddress) Farm	1	d. STREET ADDRESS **Mill	Cree	k" Farm			ON / YES	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Robert		Middle John	Th	ompson	4. DATE OF DEATH	Moi Octi	ober	1		Year 1958
Male	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		ov. 27,	1884	9. AGE (in years low birthdoy) yes.	Months Months	R 1 YEAR Days	IF UND Hours	Min.
during most of wor Broker	king life, even if retired	1 _	kind of Business or Real Estat		Penna.	le or foreign o	country)	12. C	US!		COUNTRY
3. FATHER'S NAME Robert	John Tho	mpso	n	14	Jane	_					
5. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of the NONE	644(6)		17. INFO	MANT B.Robert	J. Th	nompson,	Eas	lll	-	ek2
PART 1. DEA 3 3 2 X Conditions, if a gave rise to i cause (o), staling lying cause last.	mmediate (e for (o), (b), and (c).]	Thro	mboris				INTE ONS 2	EY AND	ETWEEN DEATH
			ONTRIBUTING TO DEAT					VEN IN PA	RT 1(o) 1	9. WAS PERFO YES	ORMED?
Zoc. TIME OF INJUS	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye		HURY OCCURRED	20e. PLACE	OF INJURY (Home, far street, office bldg., e	rm, 20f. (Cit	y or lown)		(County)		(Stote)
21. I certify It alive an	mald formald F.	decease 125	od from 10	3 - death ac	1928, 10 curred of 5:25 9 N	ADDRESS (S	m the causes of treet, city or town,	and an			decease ted above ATE SIGNE
220. BURIAL, CREMATIC REMOVAL SPECIF			22c. NAME OF CEMET			22d. LOCA	TION (City, 10wn, omerton		nna.	(Sta	fe)
23. FUNERAL DIRECTOR	'S SIGNATURE) /	ADDRESS	ion.	240. REG	C'D BY REGIS	TRAR 245. REG	STRAR'S S	- 10		

may be retained the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hors after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained TO FUNERAL DIREC VS A1S (4) 15M 9/55

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VS A15 (4) 15M 9/55

	1176	CERTIFIC	CATE OF DEATH	R	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Talbot	MARYLAN	2. USUAL RESIDENCE (Where o. STATE Wary	deceased lived. If institutions	Residence before admission)
RURAL ond give	ton	2 wks ada	1	le corporate limits, write RUR/	N ond give nearest town)
d. NAME OF HOSP OR INSTITUTION		tospital	d. STREET ADDRESS	24.#1 05)	a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Cecilia	CETINA	Yan Der Boek	DATE Month OCT.	20 1958
5. SEX F.	1 1	MARRIED NEVER MARRIED DIVORCED	1 Mar. 29, 188		UNDER I YEAR IF UNDER 24 HRS.
IDo. USUAL OCCUPAT during most of wo	ION (Give kind of work do rking life, even if retired)	ne 106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (SION OF FO		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	wis SI	nanks	(ATHER)	NE KILL	=4
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCE		- D. VANDERS	REEK PRES	TOU B.D. J. M.
Conditions, if gove rise to couse (o), storing lying couse lost	ATH WAS CAUSED 8Y, IMMEDIATE CAUSE [0]. DUE TO ony, which immediate g the under-	deline for (a), (b) and (1).	epholomorlo getrozeleva	elec cr	INTERVAL BETWEEN ONSET AND DEATH
<u>S</u>		ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	VAS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER)	05. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Port) or Port () of item 18.}	
20c. TIME OF INJU		20d. INJURY OCCURRED 20e While Not while of work	PLACE OF INJURY (Home, form, 2 factory, street, office bldg., etc.)	Of. (City or town)	(County) (Stole)
21. I certify alive an	Man i arreguled the OUNTA	deceased from and that de			hat I last saw the deceased on the date stated above the DATE SIGNED
720. BURIAL, CREMATI REMOVAL (Specif		22c. NAME OF CEMETER	Y OR CREMATORY 220	J. LOCATION (City, lown, or o	M
23. FUNERAL DIRECTO	PS SIGNATURE	ADDRESS	240. REC'D BY	0 7 /50	AR'S SIGNATURE

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